

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NRSC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00027466       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2016</div> </div>	
Mailing Address <b>7669 STAGERS LOOP</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">784324.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : WFT201689950-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 01 / 2016</div> </div>	
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type		
Name of Federal Candidate MURPHY ERIN PATRICK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>STRATEGIC MEDIA PLACEMENT</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2016</div> </div>	
Mailing Address <b>7669 STAGERS LOOP</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : WFT201689952-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 07 / 2016</div> </div>	
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type		
Name of Federal Candidate MURPHY ERIN PATRICK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">809324.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BANNING JAY

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 09 / 2016

Signature